Appendix A

**Parental Consent Form**

Dear Parent/ Guardian,

I am currently a graduate student in the Childhood Education Master's Program at Brooklyn College. This semester, I am in the process of working on an Action Research Project. The purpose of my project is to find out whether the assisted reading helps improve fluency and reading comprehension or not. Over two-month period, I will observe a small group of children, including your child; implement assisted reading strategies and administer a series of reading tests. These tests will not affect your child’s school grades in any way. All findings and results will be reported, generalized, and shared as a group. Any information that can be identified with your child will remain confidential and will not be disclosed.

In order to successfully conduct my research, I am requesting your permission to use your student’s data for my research study. If you have any questions or concerns, please feel free to contact me via email at aksanasamoylov@optonline.net or by cell phone at 718-490-\*\*\*\*.

Thank you in advance for your support.

Sincerely,

Aksana Samoylov

I give my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student’s name) permission to take part in the research study.

I do not give my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student’s name) permission to take part in the research study.

Parent/Guardian Signature : Date:\_\_\_/\_\_\_/\_\_\_\_\_\_

Appendix B

**Principal Consent Form**

Dear Principal,

I am currently a graduate student in the Childhood Education Master's Program at Brooklyn College. This semester, I am in the process of working on an Action Research Project. The purpose of my project is to find out whether the assisted reading helps improve fluency and reading comprehension or not. Over two-month period, I will need to observe a small group of children (grade 3), implement the assisted reading strategies on practice, and administer a series of reading tests. These tests will not affect children's school grades in any way. All findings and results will be recorded, generalized, and shared as a group. All information will remain confidential and will not be disclosed.

In order to successfully conduct my research, I am requesting your permission to use your student’s data for my research study. If you have any questions or concerns, please feel free to contact me via email at aksanasamoylov@optonline.net or by cell phone at 718-490-\*\*\*\*.

Thank you in advance for your support.

Sincerely,

Aksana Samoylov

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (Principal’s name)

give Aksana Samoylov permission to conduct her Action Research Project at my school P.S. X in accordance to the above discription.

Principal’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_\_